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ABSTRACT

Described is the Comprehensive Emergency Services (CES) program, a system of coordinated services designed to meet emergency needs of neglected, dependent, and abused children and their families. In an introductory section, the program's development, objectives, and system attributes are covered. Explained in section II are the following components of CES: 24-hour emergency intake; emergency caretakers (who care for the child when parents are temporarily absent or incapacitated); emergency homemakers (who maintain children in their own homes until the parent can resume care or until another course of action is decided); emergency foster family homes (which provide temporary care for children who cannot be maintained in their own home); emergency shelter for families (in which the entire family is housed); outreach and followup (which involves ongoing casework assistance and supervision to families); emergency shelter for adolescents (a group home or institutional type program for predelinquent or delinquent children); an emergency neighborhood crisis centers (a service best used in neighborhoods identified as having a high incidence of reported neglect or abuse of children and of family disruption). Case illustrations are provided throughout the booklet to clarify program components. (SBH)

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Comprehensive Emergency Services

a system designed to care for

children in crisis

- neglected and abused by their family
- neglected and abused by their community

a program description

EC 101163

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
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34 Community Mobilization

This booklet was prepared by the staff of the National Center for Comprehensive Emergency Services to Children in Crisis, Nashville Urban Observatory, as part of the National Center's mission to prepare and disseminate mixed-media materials to communities interested in organizing and operating a coordinated system of 24-hour emergency services to children and their families.

The National Center, located in Nashville, Tennessee, draws upon the successful experience of Metropolitan Nashville-Davidson County's Emergency Services System to provide other states and localities with technical assistance. The work upon which this publication is based was performed pursuant to Contract HEW-OS-74-216 with the U.S. Children's Bureau, Department of Health, Education, and Welfare. The National Center seeks to encourage communities throughout the country to develop programs according to the Children's Bureau national objectives for Comprehensive Emergency Services.

October 1974

IS YOUR COMMUNITY INTERESTED IN DEVELOPING A COMPREHENSIVE APPROACH TO SERVING CHILDREN IN CRISIS?

This booklet is designed to provide information about a system of *Comprehensive Emergency Services to Children in Crisis.*

WHAT DOES YOUR COMMUNITY PROVIDE FOR CHILDREN . . . . . .?

– found alone, unfed, without heat or lights

– neglected by parents addicted to drugs or alcohol

– caught in family crisis with no one to provide care

– abused by parents or other caretakers

DOES YOUR COMMUNITY PROVIDE EMERGENCY SERVICES TO SUCH CHILDREN?

– are the services available any hour of the day or night

– are they comprehensive in nature

– are they well coordinated

– do they provide options for care

– do they subject a child, unnecessarily, to removal from his home

Introduction to CES

Communities across the nation are faced daily with providing service to children in crisis. No longer can communities ignore problems that occur after "working" hours. With increased emphasis on reporting of child abuse, strengthened by recent Federal legislation,[1] it has become imperative that communities find ways of providing emergency services to children and their families caught in a multiplicity of crisis situations. ***Reporting of suspected abuse and neglect is of little worth to the child if services to relieve his plight are not available.*** Communities are searching for new and better ways to meet the needs of these children.

One community, Metropolitan Nashville and Davidson County, has found a better way of providing services. This community has created a new system of services which seeks to prevent neglect and abuse and protect children in crisis.[2] The system has become known as Comprehensive Emergency Services to Children in Crisis. Several years in developing, with community and government support, the system has become an integrated part of the total child welfare system. Its development represents a unique experience in community planning between local and state governmental agencies, planning which required restructuring of agency roles and responsibilities, and carefully developed referral procedures.

Comprehensive Emergency Services is a system of coordinated services designed to meet emergency needs of children and their families in crisis, providing options in care which will protect children and reduce the trauma induced by the crisis. It provides a vehicle for cooperative program planning between agencies and involves a concentrated effort to provide quality service to neglected, dependent, and abused children on a twenty-four-hour basis, including weekends and holidays. CES seeks to maintain children in their own homes during crisis situations. In cases where separation from the home environment is necessary, services are provided to children and their families insuring a more orderly, less damaging placement of children. The system consists of the following components which are considered basic to any CES system.

Twenty-four-hour Emergency Intake
Emergency Caretakers
Emergency Homemakers

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[1]*Child Abuse Prevention and Treatment Act*, P. L. 93-247 (January, 1974).
[2]Marvin R. Burt and Ralph Balyeat, "A New System for Improving the Care of Neglected and Abused Children," *Child Welfare* 50, no. 3 (March 1974).

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Emergency Foster Family Homes
Emergency Shelter for Families
Emergency Shelter for Adolescents
Outreach and Follow-up

When woven into a cooperative network, these services provide a protective framework within which a community can serve its children. The system revolves around the child to offer the best solution to his dilemma, rather than casting the child into a chain of events which is more damaging than the original crisis. For some communities, additional components of services, such as *Emergency Neighborhood Crisis Centers* and *Emergency Day Care Service*, may be identified as needed and can be planned and developed as a part of the system.

Communities designing a CES system may find that, in defining their own needs, some existing programs should be altered in focus. With planning, these programs may be modified to become one or more of the basic components of the CES system or to enhance the community's CES with supplemental services not formerly available. Such supplemental services could include a treatment facility for emotionally disturbed children or a group home for older children unable to adjust to a family situation.

Most communities already have one or more of the basic components of a CES system or could have with some minor shifting of programs. Other components will have to be developed to complete the system and truly meet the needs of children in crisis. CES must become an integral part of the total child welfare program so that all basic child welfare services are available when needed beyond the crisis stage.

Since CES was designed initially for an urban community, modification will be necessary to adapt the system to the needs of some communities, particularly rural communities. To accomplish this, careful examination of each component in relation to the community's size and needs must be made. Additionally, various cultural patterns will need to be understood and taken into consideration. ***It is believed that the basic concept of the system can be applied to any community.***

Achieving Effective Emergency Services

Prior to CES

Prior to the initiation of CES in Metropolitan Nashville, children in crisis after normal working hours were provided services only after being plugged into the legal system. Even then, casework services were unavailable to children or their families and there was no screening as to the nature of a crisis. This caused children to be separated from their families, neglect petitions to be filed, and institutional placements to be unnecessarily made.

The system was not functioning to the benefit of the neglected and abused child. Regardless of the adequacy of institutional facilities, placement of this nature abruptly removes the child from his familiar environment and thrusts him into a foreign setting amid strangers. The undesirability of this has long been recognized.[3]

Just as children in Metropolitan Nashville prior to CES were victims of a system unresponsive to their needs, so are children in many communities across this country. Historically, law enforcement personnel have carried the burden of responsibility for children in crisis. With little or no training, they have been cast into this role by society and in many instances have performed creditably. In most cities children in crisis must still rely upon an already overburdened criminal justice system to determine their fate. This includes those children whose problems are as "minor" as having an only parent suddenly hospitalized, parents arrested and jailed, or other emergencies which leave children unsupervised for the night. The result is often precipitous removal of the child to institutionalized shelter care following a court petition. Here, the child waits until a referral is made to the child welfare agency with responsibility for a social investigation of his home environment. From there, the process includes recommendations, reports, and numerous procedures; all very necessary to the judicial process yet time consuming for both the court and the social agency. This process fails to consider the possible adverse effects to the child. While providing a limited form of protection to the child, it offers no immediate service that would be considered remedial to the family. In fact, it often makes reunion of the family more difficult.

This is not to say that law enforcement, including police departments and juvenile courts, should not continue to have a vital role in emergency services. Law enforcement will continue to:

(1) Be a primary referral source

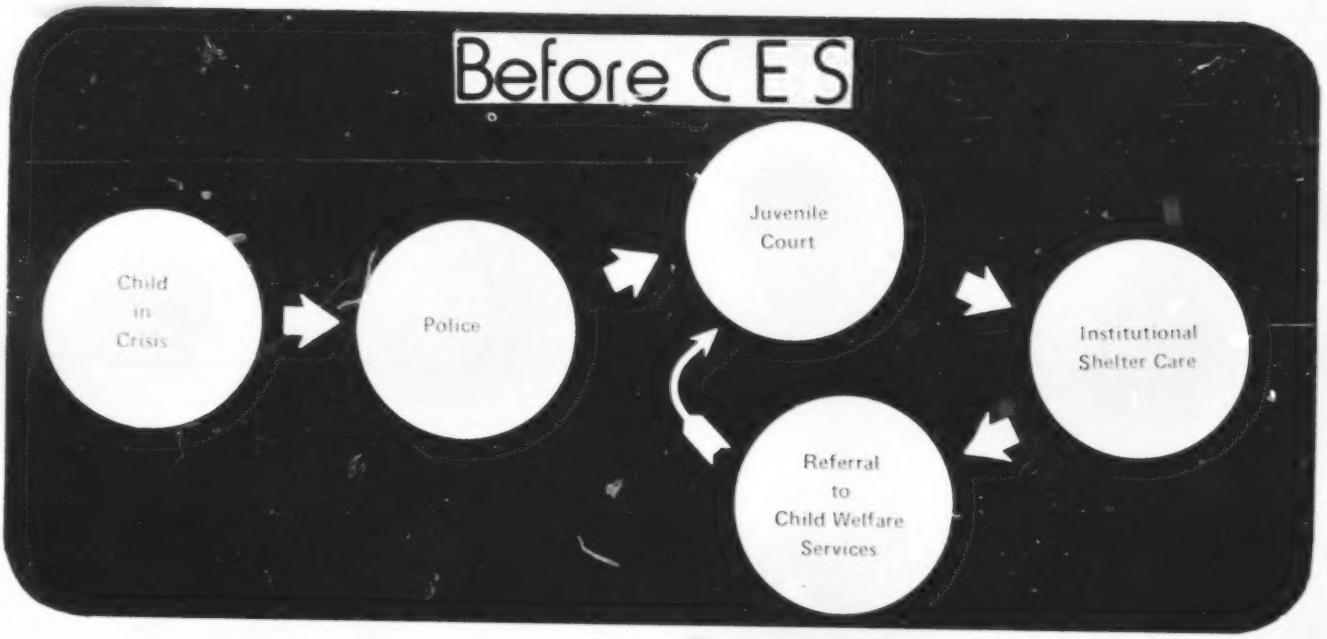
(2) Provide the necessary legal authority, in the form of police power in most cities

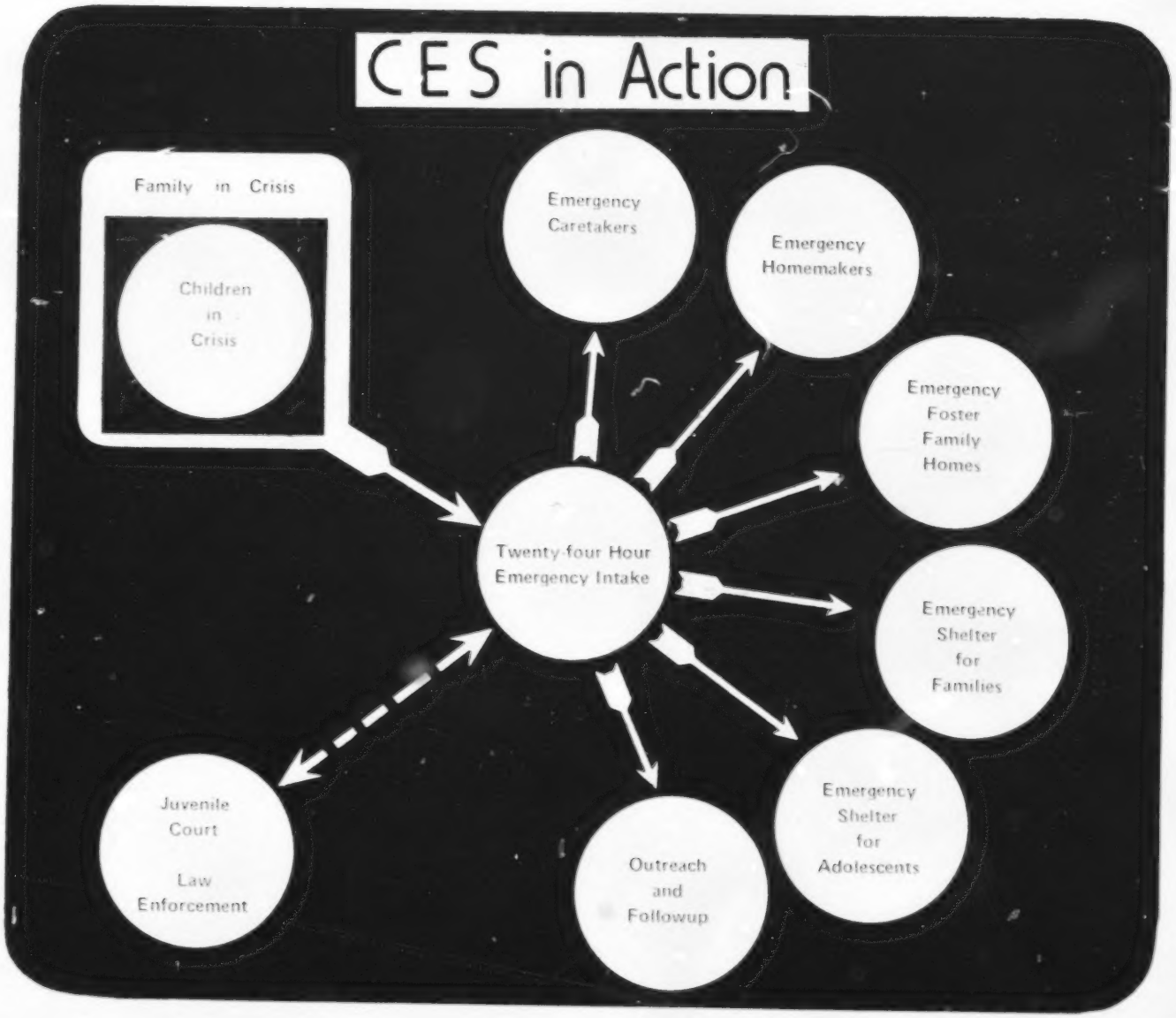
(3) Provide the necessary legal and/or physical protection for emergency service personnel's entry into certain situations.

The Cohesive Element

CES can serve as the cohesive element that bonds fragmented child care components into an effective system of care for children. By providing twenty-four-hour emergency intake services, CES removes the responsibility of planning for emergency care of children from law enforcement and places the responsibility within the child welfare system. It provides a professional, casework approach to problem solving for the child and his family, utilizing those components of emergency services needed to deal with the crisis situation. It coordinates with the legal and medical sector of the community when needed. It reduces the possibilities of emotional and physical damage to the child by intervening before neglect or crisis situations become irreparable.

[3] Ibid., pp. 168.


Before CES
Child in Crisis
Police
Juvenile Court
Institutional Shelter Care
Referral to Child Welfare Services


CES in Action
Family in Crisis
Children in Crisis
Emergency Caretakers
Emergency Homemakers
Emergency Foster Family Homes
Twenty-four Hour Emergency Intake
Emergency Shelter for Families
Juvenile Court
Law Enforcement
Outreach and Followup
Emergency Shelter for Adolescents

Comprehensive Emergency Services provides immediate service to a child and his family, and assures continuing services as needed. It should not be considered a "rescue" service only, although it may guard the life of an endangered child. Rather, CES is a well-planned, coordinated child welfare system designed specifically to:

(1) Identify families and children in crisis

(2) Assess the immediate needs of the child and his family

(3) Provide twenty-four-hour emergency services, by trained social service personnel, directed toward protecting the child in his own home or by making suitable placements when indicated

(4) Provide outreach and follow-up to these families to insure a continuum of service in an orderly way.

Objectives

The basic CES objectives must relate to the welfare of the child and his family. Some overall objectives which would be common to any community are to:

(1) Provide immediate outreach services to families

(2) Reduce the number of children removed precipitously from their own homes

(3) Reduce the number of children who go through the legal system unnecessarily

(4) Make orderly placements for children that most appropriately meet their individual needs

(5) Set attainable goals for children who come into care on an emergency basis with plans to return them to their parents or guardians within a reasonable period of time.

All of these objectives are attainable and relate to the child's long range needs.

System Attributes

The CES system must:

Be Comprehensive

Such a system must be inclusive enough to provide for all minor children in need of emergency services. For instance, the Metropolitan Nashville CES system seeks to provide services in

such a way as to meet "*any family crisis or impending crisis which requires immediate social intervention for purposes of planning to protect children whose health, safety, and/or welfare is endangered, with primary emphasis on those children who will reach the attention of the Juvenile Court as neglected unless there is immediate casework intervention.*"[4] Though crisis situations must be defined, thus placing limitations on the client group, any program in the intake process must be capable of further identifying gaps in service and related problems in the provision of service to children so as to work toward improving the entire child care system.

Respond Immediately

Such a system must be responsive immediately to reports of children in crisis situations in a planned, coordinated way. The majority of social agencies providing child welfare services have too long failed to respond beyond regular working hours to even very serious family problems affecting children. When there has been response, often it has been in an informal way between child welfare agencies and the legal system. Therefore, the quality of service has varied.

The capability of a CES system to respond immediately is vitally important. Once the system is established it becomes responsible for the welfare and safety of the child and for outreach services to the family. The community will rightfully expect the emergency service components to respond without delay. Developed to its fullest capability, the CES system will not be effective unless persons observing families and children in crisis are aware of the availability of services and have confidence they will be provided in a capable way.

Provide Continuity

For CES to be most effective, continuity of service is a key factor. The various components of the system must interrelate in such a way as to insure the most expeditious management of the emergency situation. The major objective is to provide the widest range of options possible with the least disruption to the child and his family.

A review of the literature on emergency services would indicate a lack of agreement as to the feasibility of having emergency intake workers follow families through the initial crisis. The initial assessment and remedial work with the family can be done by the caseworker on emergency intake and referred to the designated follow-up unit on the next working day. Continuity can also be achieved effectively when the caseworker, having done the initial assessment, maintains service responsibility until a reasonable termination point is reached. This could range from a day or so in

[4]Metropolitan Nashville CES program of the Tennessee Department of Public Welfare established this definition as a guide to serving children in crisis.

some cases to six to eight weeks in others. Timing is one of the primary factors in determining how successful work with the family will be.

> *The capacity to give immediately, an urgently needed service in a time of crisis, provides the opportunity to build a relationship that under normal circumstances is often difficult to achieve.*[5]

The system for intake and crisis intervention which provides the greatest continuity for the client should certainly be the choice. The same is true when the need for outreach is defined and met. The importance of immediate follow-up with the family after abatement of the crisis cannot be overemphasized. This must be attained with little break in service. The outreach and follow-up unit must be sufficiently staffed to continue the same level of service as is being provided by the intake unit at the time of transfer.

Be Well Coordinated

An essential ingredient to the success of CES is coordination. This includes coordination of the basic components as well as carefully planned coordination with supportive agencies. Without open access to all parts of the system, the service will fail for some children.

Each component must relate to all others in such a way that the appropriate emergency service is available and continuity of service guaranteed. The system must be flexible enough to:

(1) Modify its operation to meet the needs of the child and his family based on an ongoing reassessment of those needs

(2) Add new services or shift existing services whenever the need to do so is documented.

Such flexibility requires that the system be monitored constantly to insure its effectiveness in providing viable coordinated services focused on the needs of the defined client group.

Services to neglected, dependent, and abused children possibly require the most diverse utilization of expertise of any child welfare service. They are predicated upon the use of a multidisciplinary orientation demanding input from social work, law, and medicine. Coordination of these disciplines is an essential requirement, yet, a most difficult task to achieve and maintain.

If a multidisciplined approach is to be achieved and coordination is to be successful, certain relationships and roles must be established or defined early in the development of the program.

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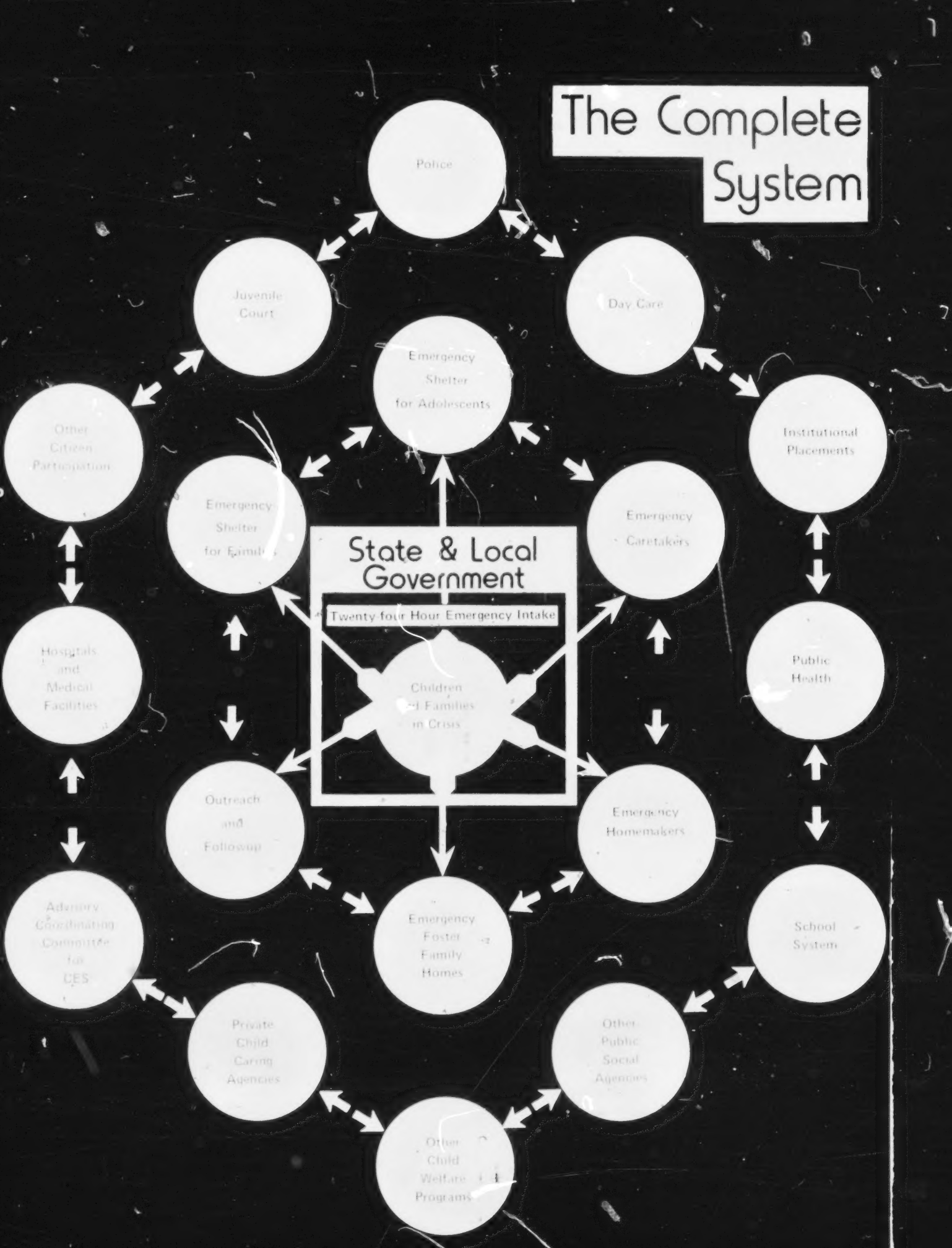
[5]Child Welfare League of America, *Child Welfare League of America Standards for Child Protection Service*, rev. ed. (New York: Child Welfare League of America, Inc., 1973), pp. 22?


The Complete System
Police
Juvenile Court
Day Care
Emergency Shelter for Adolescents
Other Citizen Participation
Institutional Placements
Emergency Shelter for Families
Emergency Caretakers
State & Local Government
Twenty-four Hour Emergency Intake
Children & Families in Crisis
Hospitals and Medical Facilities
Public Health
Outreach and Followup
Emergency Homemakers
Advisory Coordinating Committee for CES
Emergency Foster Family Homes
School System
Private Child Caring Agencies
Other Public Social Agencies
Other Child Welfare Programs

This groundwork is essential to prevent breakdown and misunderstandings as the system begins to function. Questions which must be answered include:

(1) What is the role of the emergency service worker in relation to the physician who has referred a child as a suspected victim of abuse?

(2) What are the relationships between social workers, attorneys, and judges?

(3) How will the various disciplines coordinate their efforts on behalf of the child and his family?

(4) How can a fragmented system be avoided?

(5) What kinds of administrative controls for referrals, reporting, etc., must be developed to prevent breakdown?

CES must become the coordinating mechanism in the community for children in crisis. It must assume leadership in educating the community and other disciplines to the philosophical approach that will be most beneficial to the child and his family. The importance of this responsibility to the success of a comprehensive emergency service program cannot be underestimated. Unless the same philosophical approach is shared by all in dealing with children in crisis, particularly the abused child, the system falters. The object is not to make social workers of policemen and lawyers, but to get them to accept a non-punitive, rehabilitative approach for families. Likewise, social workers must realistically accept the role of the legal system's representatives.

The client's access to all the components of the service should be the responsibility of the coordinator of the CES system even for those components which are not part of the primary agency, but provided by other agencies. The system cannot operate effectively if a component of service becomes unavailable because of staff disagreements over its utilization. Regular conferences for coordination and clearly written contractual agreements between agencies are necessary to make the service easily accessible. Once achieved, there must be constant effort to maintain a maximum level of coordination.

Failure to coordinate can be destructive to a family, as seen in the following case illustration which typifies events that occurred prior to and during the early development of the CES system in Metropolitan Nashville. Fortunately, such incidents no longer occur, although it took months of work to achieve the present level of cooperation.

> At 4:05 p.m., a hospital social worker telephoned Juvenile Court to refer a child who had been admitted for a contusion and laceration to the head. Since both parents had been arrested, there was no one to authorize treatment for the child or to care for his sibling.
>
> By 4:35 p.m., the emergency service worker had been alerted, and both he and the Juvenile Court worker went to the hospital where the children were in treatment rooms. The sixteen month old, Robert, had been bandaged and needed to be admitted for observation. Jason, the three year old, had not been injured but was frightened and crying. Both children were hungry.
>
> An effort was made to determine what had happened and when. The pediatric resident, who was giving information to the emergency service worker, knew only that the children had

been brought in by two Metro police officers around 2:40 p.m. The parents, who had been arrested for abusing the younger child, had been transported to jail.

Although the hospital had treated Robert, there was no one to admit him for further observation. The emergency service worker telephoned Metro jail and learned that a Mr. and Mrs. B. had been booked an hour before on charges of "assault upon a minor." The names of the arresting officers were obtained. It was learned from police headquarters that these officers were off duty. The officer on duty, however, agreed to try to contact them in order to obtain information surrounding the arrest or to locate their report.

Since the hospital could not move Robert to the pediatric ward until the necessary legal permission was obtained (this has since been changed by Tennessee law), the emergency service worker contacted his supervisor for permission to file a petition. This could make it possible for Robert to be admitted to the hospital and for Jason to be placed until the parents were released from jail.

By 6:30 p.m., Jason had been placed in an emergency foster family home. One of the arresting officers telephoned while the workers were placing Jason and gave the following account of the circumstances. At approximately 2:45 p.m. they had received a report that a child was being beaten on one of the city streets. As they answered the call, they were immediately able to identify the parents walking with the two children. Robert's head was bleeding and swelling when the officers arrived. Mr. B. admitted to having struck the child once and explained that the force of the blow had caused the child to fall to the pavement, doing further injury to his head.

The officers were aware that they should take the injured child for treatment but did not know what to do with his sibling. After they received assistance from another patrol car which transported the parents to get a warrant for their arrest, the children were taken to General Hospital. The officers were told that the children would be taken care of, and since they should have been off duty by 3:00 p.m., the officers left.

Mr. and Mrs. B. were interviewed by the emergency service worker and Juvenile Court worker at approximately 7:30 p.m. They appeared to be very upset and concerned over the children. They had been interviewed by newspaper reporters and the man who saw the incident and reported it to the police had already given the reporters a statement.

Each parent was interviewed separately, and they both gave the same story. The family had moved to Nashville from the midwest only several months earlier. Mr. B. had hoped to become a successful country and western songwriter. Since moving here, they had exhausted their small savings. Mr. B. had obtained several low paying jobs, but his income barely paid for rent and food. He had been job hunting during the early morning, and the family had spent the early afternoon in the food stamp office. Both children had been irritable all day. Although Mr. B. had spent their daily money allocation on food for the children, neither he nor his wife had eaten. They had saved what little money they had left for the purchase of food stamps. After waiting in the office for three hours, they were given an appointment to return the following day. Mr. B. was frustrated to the point of desperation, since he would have to spend what little money he had for food that night, and there would be none left to purchase food stamps the next day. Unless he found work the next day, he could not pay the rent at the end of the week.

As the family left the office and started back to their apartment, the children continued to be irritable. Mr. B. became so angry that he struck the younger child on the side of his face, knocking him to the pavement. The complainant had stated that Mr. B. struck Robert repeatedly after he fell to the pavement. Mr. B. did not remember this, although he knew he had not intended to hurt his son. Even though he loved his children, he had reached the limits of his tolerance for stress.

The evening news gave a full account of the story, including the parent's names and address, and showed Mr. and Mrs. B. being booked. The following morning, the newspaper gave the same account much of which was distorted and portrayed Mr. and Mrs. B. in the worst possible image. Mrs. B. was detained in jail two days and then released on bond. Mr. B. was held for questioning regarding law violation in another state. The day following the incident, the landlord asked that the family vacate their apartment because he could not tolerate this "type" of person living on his property.

Mrs. B. received some help in storing the family's personal belongings. She stayed one week in the family shelter during which time she began her search for employment. In addition, she applied for emergency financial assistance and public housing. The situation was finally resolved and the children returned, with follow-up and supervision.

The handling of this case clearly illustrates the complete disintegration of a family which can occur when there is a lack of coordination in the system. It also illustrates the stress placed on families when resources, such as food stamps, are not made easily accessible. The unresponsiveness of the social welfare system contributed to neglect and even abuse of the children in this instance.

Essential Components of CES

While the following components are considered essential to a *comprehensive* system, this conceptualization is not meant to exclude other kinds of services. In fact, the objective is to develop a system that provides the widest possible set of options. Each of these components meets a particular fundamental need, and is described more fully in this section, indicating its function and its relationship to the other services. Case illustrations included are intended to show only the services provided by the various components and to reflect the operation of the system. These examples are typical and relate actual case situations. They have been disguised and modified to protect the confidentiality of the families.

Twenty-four-hour Emergency Intake

Twenty-four-hour emergency intake is a service designed to utilize an answering service at night, on weekends and holidays, and to screen calls and refer emergencies to the caseworker on call.

It is possible through a commercial answering service to provide an effective emergency service after normal working hours. Answering service staff can be trained not only to do initial screening but can become proficient in discerning those situations that seem to be most urgent and can identify those persons who are needing immediate help. Emergency situations are referred immediately to the caseworker on call while non-emergencies are recorded and referred to the outreach unit the following work day for follow-up and provision of services which may be needed.

Crisis Response

While the emergency intake unit must have an expert screening method for determining emergency from non-emergency situations, it must also have the capability for immediate follow-through on all identified emergencies. This unit must be manned by trained casework staff with competent skills in:

(1) Interviewing

(2) Dealing with potentially volatile situations

(3) Dealing with other people tactfully (both lay and professional persons)

Caseworkers in this unit rotate for night and weekend duty and are available immediately to handle emergency situations involving a child. In order to function smoothly there must be a plan worked out with the local police and juvenile probation officers so that they provide any needed support and protection to the worker. Without a carefully developed plan and defined roles, severe problems will result, adversely affecting the child and his family.

Referral Procedure

In most communities where law enforcement has traditionally carried the responsibility for child crisis, a set procedure which clearly states the referral procedure from law enforcement to CES is imperative. Mutual group meetings between all agencies involved are essential to assure understanding of the referral procedure and function of the emergency intake unit. Ideally, such a procedure should be outlined in writing with high level administrative staff of both CES and law enforcement agreeing to their respective roles. It will also be mandatory that each agree to see that all personnel, especially all law enforcement personnel, are aware of the procedure as a standard mode of operation for reporting child crisis situations.

> At approximately 2:00 a.m., a police officer discovered a three year old child, dressed in underpants and cowboy boots, wandering along the side of a busy thoroughfare. The officer made inquiries throughout the immediate area but was unable to find anyone who could identify the child. The officer then called the answering service who notified the emergency service worker that the child was being brought into Juvenile Court.
>
> The emergency service worker immediately went to the Juvenile Court and with the court worker briefly talked with the three year old in an effort to obtain information. He was transported back to the point where he was found and asked to show the workers where he lived. Some thirty minutes later, the child found his home which was three blocks away from the point where he had been discovered.
>
> After a considerable amount of knocking at the door, the workers finally awakened the child's parents. The parents were obviously very upset as they did not know their son had left the house. He had apparently climbed out of bed, put his boots on, pushed a chair to the door and unlatched it. The chair that the child had used to unlatch the back door was still in place. According to the mother, the latch had been added to the top of the door because the child had left the house several times before, but never at night.

The emergency service worker and the Juvenile Court worker were satisfied with the parent's story. The house was well kept, the child was obviously well cared for, and the chair behind the door confirmed how the child had left the house. By [illegible] a.m., the child was safely back with his parents and in bed.

A few cities have twenty-four-hour coverage for child protective service with the capability of responding to abuse and/or neglect situations. In some cities, these intake units are manned by staff physically housed in a central location who are available not only to receive emergency calls but to provide follow-up. To have staff physically present and on duty to answer calls and respond is ideal. Despite the probable benefits, the costs of staff at this level on a twenty-four-hour basis could be a deterrent for many agencies.

Other communities have crisis hot lines, suicide prevention and/or drug counseling services. While these cannot replace an emergency intake unit they can be developed to serve as the answering service for children and families in crisis. Utilization of these resources could be an inexpensive alternative.

Publicity

When all arrangements are finalized, the CES telephone number should be highly publicized. There are many ingenious ways to advertise the service so as to generate direct community referral. Television and radio spot announcements, posters, bumper stickers, leaflets, etc., have been used effectively in a number of communities. (A note of caution to those who are starting a twenty-four-hour emergency intake system: any publicity of the service will increase intake and the intensity of such increase should be kept in mind when planning for staff.)

When programs are developed to serve a particular neighborhood, as in the Buffalo, New York demonstration project,[6] methods of advertising the availability of the service should be devised which are appropriate for the individual neighborhood. Cognizance of cultural, religious, and language differences is necessary so that communication barriers do not prevent the effective utilization of services. Community visibility and development of trust in the program are essential.

The emergency service worker received a call from a day care operator at 11:45 a.m. regarding two brothers, ages four and five. The siblings had been sent to the day care center with notes from their mother asking that the center plan for the boys since she could no longer provide for them. The notes had been discovered underneath the boys' sweaters when they put them on to go outside for play time. Since Randy and Johnny had been enrolled in day care for only two weeks,

[6] Child and Family Services, "Preliminary Report on the West Side Children's Services Project," mimeographed (Buffalo, New York, June 1974). Grant no. OCD-CB-58.

little was known of their home situation. The boys were playful, active pre-schoolers who had exhibited no outstanding problems while in day care.

Upon arriving at the day care center, the emergency service worker and the Juvenile Court worker obtained as much additional information as possible. The records of the day care center showed the employment and home address of the mother as well as other information. The boys were asked questions concerning their mother in an effort to determine her physical and emotional condition. They were asked whether she was going to work that morning and if she had left as usual. Neither Randy nor Johnny seemed to be aware of any problems that existed in the home.

The emergency service worker called Mrs. R.'s place of employment. She had not been to work for two days nor had she called in to explain her absence. No one was at their home address. When the situation was explained to the manager, the two workers were admitted to the apartment. However, there were no clues to the mother's whereabouts.

Records at the day care center indicated that Mrs. R. had previously lived in another part of the state and had received AFDC there. The emergency service worker called the county office where Mrs. R. used to live and asked them to search their records for names of her relatives. They discovered that Mrs. R.'s mother lived nearby and agreed to interview her regarding her daughter. The interview, however, proved futile since she was unable to give any indication of where Mrs. R. might be. Mr. and Mrs. R. had been separated for several years, and Mr. R. was living in another state. The grandmother, who was unable to care for the children even temporarily, recommended they be placed if Mrs. R. did not return.

The emergency service worker made several last attempts at locating Mrs. R. by questioning several of her neighbors. No one knew the family very well or of any other friends the family might have.

At 2:30 p.m., the emergency service worker alerted the day care operator to begin preparing the children for placement. By 5:30 p.m. the boys were taken to the emergency foster home where they were introduced to the foster parents.

Emergency Caretakers

Emergency caretakers are people carefully selected and trained to go into homes to provide responsible adult care and supervision for children in crisis. The primary function of the emergency caretaker is to provide care and supervision of a child in his own home at a time when supervision is lacking because parents are either temporarily absent or incapacitated.

This component provides the emergency intake worker with another option for responding to child emergencies. By using an emergency caretaker the child remains at home in an environment that is both familiar and secure. The service is terminated when the parent or a relative returns and is able to resume care or when an emergency homemaker is assigned on the next working day. Emergency caretaker service, while involved for only a brief time, is important precisely because that period is so crucial. Caretakers often provide valuable observations regarding the quality of care the child has been receiving in the home. This information can aid the intake worker in his decision to keep the child in the home or remove him for protective purposes. For this reason, caretakers need to have knowledge of children's behavior and the ability to make meaningful observations.

Adequate Training

Adequate training of caretakers is critically important. In addition to some knowledge and skills in the area of child development, they must have an ability to assess situations quickly. The necessary discipline to understand and relate positively to parents and/or caretakers who are often suspicious, hostile, and potentially volatile is also a vital asset. They must be able to assume a non-threatening but helpful manner. The emergency service worker and the caretaker function as a team with the emergency service worker having primary responsibility for preliminary screening as to the danger involved in assignment of a caretaker. The emergency service worker has ongoing responsibility for the safety of the caretaker as well as for the children involved.

Guidelines

Because of the possible danger to the caretaker, rigid guidelines must be established. These guidelines are used to define situations in which the use of caretakers would not be appropriate. For example:

(1) Emergency caretakers should not be asked to enter situations that are potentially volatile, such as in cases involving parents known to be unduly suspicious, hostile, and dangerous.

(2) Careful consideration should also be given to assignment of caretakers where older children are presenting severe behavior problems which would prevent their acceptance of the caretaker.

(3) Assignment of the emergency caretaker will not be made to homes so grossly inadequate (physically) as to be hazardous to both the caretakers and children.

Putting local neighborhood residents on a monthly retainer to act as caretakers provides many advantages. The legal right of caretakers and other emergency service staff to enter the homes of children left unsupervised is a factor which must be given consideration in view of existing laws when planning this service. Since the emergency caretaker enters the home to care for children until parents return or the crisis has abated, he will usually stay no longer than overnight. It is necessary for the caretaker to have an emergency kit including blankets, food, cooking equipment, rechargeable flashlight, first-aid kit, disposable diapers, aluminum folding cot, and a battery telephone.

The Emergency Parent Program in Buffalo, New York, first instituted an emergency caretaker service as an element of Children's Aid and Society for the Prevention of Cruelty to Children. The service, initiated in 1966, has served over 727 children without incident. Similarly, in Metropolitan Nashville, Tennessee, an emergency caretaker service has been operating for several years without any safety related incidents.

The agencies in these two communities felt that while the caretaker service was called upon only infrequently, it was essential in avoiding unnecessary placements for after hour emergencies.

A referral was received from the hospital emergency room at approximately 6:05 p.m. by the answering service. They explained that a Mrs. S. needed to be admitted to the psychiatric ward due to a suicide attempt and acute depression. Mrs. S.'s minister, who had accompanied her to the hospital, had cared for her baby while she was examined. Mrs. S.'s husband, a long distance truck driver, was in another city and could not be reached. Since the family had just moved to the city a week before, they knew no one other than the minister.

The emergency intake worker was contacted and immediately went to the hospital. Basic information was obtained from Mrs. S. as well as a key to her apartment. A caretaker was contacted by 6:35 p.m. and asked to meet the worker at Mrs. S.'s apartment. Because there was no milk or baby food in the apartment, the minister offered to purchase these necessities with church funds. The caretaker was given instructions about caring for the baby by the emergency intake worker who had talked with Mrs. S. about his health and food preferences. The caretaker bathed and fed the baby, straightened the apartment, and washed a load of clothes before retiring.

Meanwhile, the emergency intake worker had reached Mr. S. through the trucking company by 9:00 p.m. He was told about his wife's condition and how a caretaker had been assigned to the case. Mr. S. agreed to return home immediately and gave his expected arrival time as 7:00 a.m. the following morning.

The emergency intake worker met Mr. S. the next day to discuss the continued need for service. The problems in the home appeared to relate only to the mother's present illness and the need for ongoing child care during her hospitalization. Mr. S. had already notified his mother who was expected to arrive by plane within the next hour to stay as long as needed. She would be available to care for the baby and house until Mrs. S. was well again. The caretaker stayed until the grandmother arrived. Mr. S., who seemed to be capable of planning for his family, felt he could manage adequately with the help of his mother and the hospital social worker who would help him better understand his wife's behavior. He was given a card with the number for emergency service in case he ever again needed emergency assistance for his family.

Emergency Homemakers

Emergency homemakers are available for twenty-four-hour assignments to maintain children in their own homes until the parent is able to resume their care or until it is decided that another course of action should be taken.

While caretakers are assigned to the home at the point of initial crisis to provide child care for a few hours duration, emergency homemakers may be assigned to provide services throughout the emergency situation. The emergency homemaker service becomes an integral part of outreach services to families to maintain the family as an intact unit. The emergency homemaker works closely with the caseworker to form a team approach to helping the family cope with its problems. Once the situation reaches a point that the homemaker is needed in the home only during the day to serve in a teaching, and/or supportive role, regular homemaker service can be utilized, thus freeing the emergency homemaker for other families. (Regular homemakers should have flexible day time hours if they are to serve as a back-up service for emergency homemakers.)

Emergency homemakers can be used successfully when there is:

(1) *a parent absent from the home* due to emergency situations, such as physical or mental illness, desertion or some other emergency which causes the parent, usually the mother, to be away for a period of time.

(2) *suspected child abuse* and the parent is obviously immature and insecure in the parenting role. In these cases the homemaker often serves as the substitute parent to both mother and child. With the support of the homemaker and the teaching that occurs, the mother may become able to function in her parenting role. If not, then orderly placement of the child can be made. These cases usually require supervision for a period of time, after the homemaker is removed from the situation.

(3) *failure to thrive* and the parents need assistance and encouragement in the feeding and nurturing of a child. Emergency homemakers can supplement the work of the public health nurse which is usually more instructional in nature. In their assignment to such situations, emergency homemakers have uncovered in some parents a very serious lack of knowledge of infant care.

(4) *gross neglect*, posing an immediate threat to the children's safety as a result of inadequate nutrition and medical care. Immediate placement in an institution has been avoided by the emergency homemaker's efforts to relieve the urgency of the situation. Later assignment of a regular homemaker for teaching purposes can occur.

At 11:30 p.m. on June 5th, a five month old infant was admitted to the hospital with a skull fracture. The parents, who brought the child to the emergency room of the hospital, were unable to explain how the injury had occurred. The hospital social worker alerted the emergency intake worker to the possibility of child abuse. An interview with the parents by the emergency intake worker revealed that Mrs. D. was very frightened about having total responsibility for such a young infant. She knew very little about how to care for the child, and received little emotional support from her husband who became nagging and demanding after the baby was born.

When the baby was ready to be discharged from the hospital, the parents were agreeable to the assignment of a homemaker. The homemaker was immediately able to identify with the mother's feelings of frustration since the baby was irritable and fretful when cared for by Mrs. D. As the mother gradually began to relax under the supportive supervision of the emergency homemaker, the baby became less fretful. The relief provided by the homemaker gave Mrs. D. more free time for her husband. Mr. D. began to respond more positively to his wife and began to show interest in the baby for the first time. Initially, Mrs. D. was very dependent upon the homemaker and looked to her to interpret the least discernable change in the child's behavior. Gradually, Mrs. D. became more independent and began to enjoy her role of mothering.

Two years after the skull fracture occurred, no additional injuries had occurred. It was never actually determined how the skull fracture happened. The hospital social worker introduced the emergency intake worker and the homemaker to the family as people who would be helpful and who shared her concern that an infant so young could have sustained a skull fracture. They were involved in the home, not to determine who had inflicted the injury or how it had occurred, but to assist the parents so that further injury to the child would be prevented.

The emergency homemakers can be one of the most valuable components in maintaining children in their own homes. Their daily presence in the home, in itself, provides protection to the children. Like the caretaker, the homemaker is able to observe the behavior of children and parents and provide information to the caseworker. This is important in the ongoing assessment of the family's ability to cope with problems.

Placements sometimes become necessary after the homemaker has been in the child's home for several days. The homemaker can then assist in preparing the child for the transition to a foster home and ultimately introduce the child to his foster parents. This function can be most valuable since it is widely held that children are less traumatized if placement is made by a person known to the child.

Emergency homemakers' average assignment to families is from one to six weeks. Since they are normally assigned for twenty-four-hour care there must be a plan for relief, which is usually provided on weekends. This requires the utilization of at least two homemakers with a family.

> On February 19th, an emergency intake worker was notified by the answering service that four children, aged seven months to nine years, had been found unsupervised in their apartment. The twenty-two month old child was badly malnourished, and all the children were infested with body lice. The infant and the two year old child had severe diaper rash. There was no food or electricity in the apartment. It was learned that the family had recently moved to the city. Mr. R. had just begun working nights and Mrs. R., who was in early pregnancy, was also working nights. The children were left alone because the parents could not find child care.
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> The severity of the children's medical problems was such that some immediate action was indicated. An emergency homemaker was assigned to the case on a twenty-four-hour basis for supervision of the children. She took the mother and children to the hospital for medical care and assisted Mrs. R. in continuing the treatment for the children's body lice. In addition, the emergency homemaker helped Mr. and Mrs. R. to look for better employment. She provided supervision at night until the mother found employment during the day. The three preschool children were placed in day care; before and after school care was arranged for the nine year old. The day care service was paid for through welfare department resources. The emergency homemaker also provided transportation to the day care facility until it could be arranged by the day care operator.
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> This entire process took approximately one month and was far less costly than placement of the four children. The ability of the emergency homemaker to expedite the plans formulated by the emergency intake worker and the parents, as well as the homemaker's ability to involve the parents in the solution of their own problems, had long term benefits. Achieving success in this situation was based on the enthusiasm of the homemaker and the worker as well as on their ability and combined efforts to capitalize upon the parents' willingness to work things out at the time of the crisis.

Emergency Foster Family Homes

Emergency foster family homes provide temporary care for children who cannot be maintained in their own home. These homes are designed to minimize the emotional shock caused by

removing children from their families by providing them with a home environment as an alternative to institutional placement. When emergency placement is necessary, children are returned home or placed in other appropriate facilities as quickly as possible, preferably in two weeks and in no more than one month.

Compensation

Emergency foster parents must be adequately compensated. They should be paid a monthly retainer fee plus reimbursement for the child's living costs. A paid vacation to ensure periodic relief is essential. The support system for these parents must be excellent as some of the problems and subsequent pressures of providing emergency foster care are quite different from regular foster care. The emergency foster parent is allowed no preference as to the kind of child she will take or the time of day (or night) of the placement. Many emergency placements involve children who are emotionally upset and in poor physical condition. The emergency parent has often just gotten the child settled when it is time for him to leave. Therefore, she sees little of the long range results of her work. The frequent turnover increases the demands on the emergency foster parent because of the variety of personalities and problems encountered.

At best, emergency foster care can be demanding for the foster parent who is not prepared. Therefore, the recruitment, training, and supervision of foster parents must be aimed at maximizing the success of each home.

A report was received at 8:45 p.m. from the emergency room of a local hospital regarding a four year old boy whose mother was being admitted to Central State Psychiatric Hospital. The emergency service worker alerted the Juvenile Court worker, and the two went to the hospital. The mother had been picked up by the police when she was found wandering through a large office building with her son. Her behavior was bizzare, and she insisted that she was "looking for God". She was unable to give any information regarding her identity although she carried with her a bus ticket for another state.

When the child was questioned in the emergency room of the hospital, he seemed to be in a state of confusion and at first could give only his name and his father's name. He also knew they were moving to a new home but could not give his address. As he grew familiar with the workers, he became more talkative, although he continued to be concerned about his mother. The emergency service worker and the Juvenile Court worker were sensitive to Johnny's feelings and reassured him while attempting to obtain as much identifying information as possible. Slowly they were able to piece together information about the family.

Johnny was placed in an emergency foster home at approximately 11:00 p.m. When he was introduced to his foster mother, he again became quiet and tearful. He was shown to his bedroom and introduced to the six year old boy who was to be his playmate and friend while in foster care. The emergency foster care mother explained to Johnny that this was to be his home while his mother was in the hospital or until his father came for him.

The emergency service worker met Johnny on the following morning and took him to the doctor for a check-up. He was open with Johnny in explaining that nothing new had been learned about his parents but reassured him by explaining that he was trying to obtain information as quickly as possible.

According to the foster mother, Johnny joined in the family activities although he seemed preoccupied and worried. When information about his father was gained several days later, it was

shared with Johnny. His father was to come by plane to make plans for him. His mother's doctor reported that she was doing well but needed to remain in the hospital for several more weeks.

Johnny slowly began to adjust in the emergency foster care home. He was a playful, active boy who enjoyed petting the family's horse and playing with the six year old foster child. The only time he became preoccupied and tearful was when he was tired and irritable.

When final plans were made about Mr. B.'s arrival, Johnny was anxious to see him, and his inquiries about his mother also increased. Johnny went out to lunch with his father shortly after his arrival. He willingly returned to the emergency foster home after being told that Mr. B. would have to make plans before any decision could be reached as to when he would be going home.

It was decided that Johnny would be placed with Mrs. B.'s sister who lived in a nearby county, since Mrs. B. had to remain in the hospital for several months. Johnny knew his aunt and had visited her home several times. Mr. B. carefully explained to his son that he could not go home with him because no one would be there to care for him while his father worked. Johnny seemed eager to stay with his aunt, although he knew he would miss the other children in the emergency foster family home. While his aunt's home was being studied by the department, she came to visit Johnny. At the end of two and one half weeks in emergency foster care, it was possible for Johnny to move to his aunt's home.

Emergency Shelter for Families

Emergency family shelter is a facility that provides temporary shelter for the entire family, rather than separating the children from their parents.

There are numerous ways of providing this component. An apartment or house with a limited staff in residence might meet the needs of some communities while others may wish to contract with an agency already providing this kind of service, thereby assuring space and immediate access to shelter care for families.

Some family shelter programs may provide only the physical facilities to accommodate families, and assistance in relocation. Others may include casework services to the families. When casework services are provided by the staff of the family shelter agency, the emergency service worker's function is referral, coordination, and follow-up. Agencies with sufficient, trained staff can develop highly supportive environments for parents who are abusive or potentially abusive and can deliver a wide range of therapeutic services to the entire family.

A report was received at 8:45 p.m. on December 21st from a policeman who had found three children, ages twelve, seven, and five, wandering the streets with no supervision and improperly dressed. The emergency service worker and Juvenile Court worker met the Youth Guidance officer who was waiting with the children where they had been discovered. The officer had been able to obtain more information from the twelve year old boy who was apparently in charge of his younger brothers and sister. He explained that he had been searching the neighborhood for his nine year old brother who had not returned home when he was expected. Knowing that it was unsafe to leave the younger children at home alone, he had taken them with him. The five year old sister, who had been the victim of a crippling disease and was unable to walk without crutches

and braces, was being carried by her brother as he searched in the dark alleys for his missing brother.

The children were at first reluctant to give the emergency service worker their home address but finally agreed to be driven home. The nine year old was found and returned home. The apartment, which appeared adequate from the outside, was actually impossible to heat due to three broken windows. Several small electric heaters provided what little warmth there was. There was little food and practically no furniture in the house. The children's mother, who arrived home from grocery shopping soon thereafter, openly discussed their many problems. It was impossible for her to work full time because of Mary, who was confined to braces and unable to walk. She was two months behind in rent and the gas had been shut off. Her complaints to the landlord about the broken windows had been ignored. She had applied for AFDC and food stamps weeks before, but had not yet received the first check. Child support payments had stopped two months ago, and her lawyers had explained that little could be done legally since her former husband was unemployed.

After much persuasion, Mrs. J. agreed to go to the family shelter rather than remain in their unheated and poorly furnished apartment. With assistance from the caseworker at the family shelter, Mrs. J. quickly became involved in solving some of the many problems which confronted her. The first accomplishment was making an appointment to have Mary fitted for new braces and crutches so she could begin walking again. Having developed a trusting relationship with the caseworker, Mrs. J. was able to reveal that she was several months pregnant by a man who was not her husband. She was also able to explore with the caseworker her feelings of guilt and desperation about this situation. During Mrs. J.'s two week stay at the family shelter, many additional problems were uncovered.

With help from the family shelter worker and the emergency service worker, the problems seemed less overwhelming to Mrs. J. She was relocated to another apartment, and furniture and appliances were obtained. The new apartment was within the school zone where James could continue to receive help for his emotional problems. Mary was in new braces and using her crutches again. Mrs. J. had received her initial public assistance check which included retroactive payment and was able to "catch up" financially.

Outreach and Follow-up

Outreach and follow-up provide ongoing casework assistance and supervision to families in their efforts to cope with problems. The service must be available in a formalized way for those families in need of continuing social services. Whether provided by the emergency intake worker or assigned to another caseworker, immediate contact with the family the day following the reported crisis is essential.

If during the period of emergency services the staff has been able to relate positively to the family and has involved the family in solving its own problems, then follow-up on a voluntary basis is eminently desirable. In other cases, however, the authority of the court must be used to protect the child. An absolute necessity for follow-up is that agreements and/or procedures for transfer be clearly outlined so there is no break in service to the family. At the point the emergency service worker transfers the supervision of the family to another caseworker, it is important that a case conference be held so that there is full understanding of the family's problems and needs. The parents must understand that emergency service is only temporary and that other people will

be involved with them on a long range basis. They must be helped to accept the transfer of the relationship.

Any breakdown in the provision of follow-up services can negate much of what was accomplished during the emergency service phase and confirm a pattern that is all too well known in child welfare—that of working with parents only from one crisis to the next. The CES system must operate to provide successful early intervention and long term follow-through to truly help families in crisis.

An apartment manager telephoned the answering service at 11:00 a.m., Saturday, to report that she had discovered a three year old girl crying outside her apartment after having locked herself out. When the manager unlocked the apartment, she found a fifteen month old baby inside. The three year old had apparently been left to care for the baby. The apartment was in shambles, and both children were hungry, exhausted, and crying. The emergency intake worker located the father at his place of employment through his application in the manager's office. Although a caretaker had been alerted, she was not needed since Mr. W. arrived home immediately. He explained that he was working at a chain store while his wife worked three half days a week to help them out of their financial dilemma. They had been leaving the children unsupervised while Mrs. W. worked.

When the emergency intake worker discussed the many dangers in leaving the children unsupervised, Mr. W. became defensive and was unwilling to recognize or admit the potential dangers involved. He expressed hostility over the fact that the manager had admitted the emergency intake worker and Juvenile Court worker to his apartment. It became clear that Mr. W. felt too threatened to enter into planning for the children with the workers. He was told of the availability of day care and asked to discuss this with his wife. The emergency intake worker stated that he would return the following Monday morning to discuss plans for the children's supervision with Mr. and Mrs. W.

The emergency intake worker visited the W.'s on the following Monday at which time Mr. W. continued to be hostile and uncooperative. He finally agreed to take the children to stay with relatives across town until other plans could be arranged. However, he refused to provide the intake worker with the names of the relatives.

Assessment of the situation indicated that the family would probably continue in this very serious pattern of neglecting the children. The intake worker asked the apartment manager to report any future incidents that might occur. Names of relatives were secured from the apartment application which could be used in providing follow-up services.

Shortly afterwards, the family vacated their apartment one night without giving prior notice to the management. With the information the emergency intake worker had accumulated by then, he was able to locate the family through relatives. A case conference was held with the caseworker and supervisor from the outreach and follow-up unit and the family was transferred to this unit for court action, if it became necessary.

The caseworker visited the new address the following morning. Mrs. W. was at home. The caseworker introduced herself and let Mrs. W. know she was there to help make plans for the children's supervision. Mrs. W. was initially hesitant to discuss anything but finally began to open up and stated, "I don't want my children taken away from me but I need to work and I have no one to keep them." The worker explained that her role was to help the family find child care and that the agency could possibly even arrange payment for the children's care until they were able to solve their financial problems.

As Mrs. W. became convinced that the caseworker was there to help, she opened up even more and expressed fear that Mr. W. would turn down the offer. She described her husband as proud and unwilling to accept help from the state. He had been so upset about finances lately and had been very harsh with the children. He had much feeling about the injustices in our society which held him back and was most unhappy with his low paying job.

She was asked to discuss plans for day care with her husband. The day care center could accept the children on a sliding fee scale if this would be more acceptable to him. The caseworker wanted to talk with Mr. W. but understood Mrs. W. needed time to first discuss the prospective plan with her husband. She gave Mrs. W. the office phone number and asked that Mr. W. call before Friday. Mrs. W. agreed to stay home from work a week or until child care was worked out. She was glad to talk with someone about the problem as she had been so afraid of losing her children through court action.

Emergency Shelter for Adolescents

This type of emergency care can be provided by a group home or institutional type program. Older children often have particular problems and needs which cannot be dealt with by a foster family home. Frequently these children have become detached from their families, or have had little parental supervision for a long period of time, and are resentful of adults. They often have a history of being run-aways, drug users, etc. While they may be classified as pre-delinquent or have court records of past delinquency at the point they come to the attention of the emergency intake unit, it is because of neglect, abuse, or a crisis in their home, and this must be handled as such. These are children who do not need to be placed in Juvenile Detention, which will occur if other resources are not available. These youths cannot adjust to a foster family home as they cannot tolerate the closeness of a family or the supervision provided by foster parents.

In Metropolitan Nashville, this service was provided by Richland Village, an institutional program operated by Metropolitan government. Prior to CES, Richland Village had provided all shelter care for children. With the development of emergency caretakers, homemakers, and foster family homes available on a twenty-four-hour basis, Richland Village restructured its program. This restructuring was a part of the overall planning of the system. Richland Village developed two services within its program, both designed to meet special needs of adolescents. These services were: (1) treatment for adolescents for six months to one year, and (2) emergency shelter for older children for a two week duration. The emergency shelter service provided an opportunity to assess the adolescent's needs and in some instances the adolescent was transferred into the treatment program with the family's consent.

The answering service received a call at 9:40 p.m. on Saturday night regarding two siblings, Mary, fourteen, and John, sixteen. The children had arrived by plane from a distant city, having been sent by their father to stay with a former neighbor, Mrs. W. The neighbor did not know they were coming and was not prepared to care for them. The children alleged their father had been on a drunken spree for several weeks. He had purchased airline tickets for them and sent them to board the plane with instructions to stay with their former neighbor until he sent for them. The children's mother had been confined to a mental institution for the past two years. Prior to her commitment they had traveled across the country living very chaotic lives. Since her commitment they had lived with their father, a traveling salesman who was an alcoholic.

Mrs. W. had cared for the children most of the time when they lived next door to her some three years earlier. Since moving, it had often been the parent pattern to send the children to stay

with Mrs. W. for weeks. This time, she could not keep them as she had plans for leaving the city the next day.

Mrs. W. had made repeated efforts to reach the father but his telephone had been disconnected and according to his landlord, he had not been seen in his apartment all day.

As soon as the emergency service worker was contacted by the answering service, he talked with Mrs. W. and the children by phone, and then went immediately to the home. The children were found to be very upset and were threatening to run away, but they agreed to stay with Mrs. W. until the following morning when the emergency service worker would return and plan with them.

The following morning both children discussed the alternatives available and agreed to go to Richland Village to visit. After a visit and talking with the Director, both children were willing to stay until relatives could be located. During their two week stay, Mary and John settled down. Mary was found to have numerous medical problems during her admission examination. Mary's counselor immediately detected her possible emotional problems and began arranging for psychological examinations.

The father could not be located after much effort and relatives would not agree to accept the children. Several conferences were held between the emergency service worker, the counselor, Mary and John. Both children agreed to plans for leaving the emergency shelter program. Mary agreed to a foster home placement with encouragement from her brother. John could not see himself accepting foster parents, but agreed to a residential work-study program for boys which was available.

Emergency Neighborhood Crisis Centers

This type of emergency service can best be used to serve particular neighborhoods. Neighborhoods identified as having a high incidence of reported neglect or abuse of children and of family disruption might well respond to this component of service. Staff must be available on a twenty-four-hour basis to assist families requesting help in crisis situations. A crisis center can assist families in obtaining needed resources through other social service programs, being an advocate for the client in finding his way through the maze of red tape often associated with obtaining needed services. The center can also provide crisis-oriented day care, which would include care of children for a few hours, day or night, when families have emergencies and there is no one to care for the children. This could prevent children being left unsupervised, which could possibly endanger their lives.

Mrs. D., a recently divorced mother of two children, ages three and five, called the center in an almost hysterical state. Mrs. D., whose only income was AFDC, was being ordered to leave her apartment because of the children. She had no rugs and the children were making so much noise that they were disturbing the landlord in the apartment below. The landlord's wife was seriously ill.

The crisis center caseworker found that the mother was slapping the children to try and keep them quiet. Realizing this mother needed relief, arrangements were made for day care for the children by the caseworker. The mother was then assisted in locating another apartment and helped to move. Continuing supportive services were provided for a period of several weeks.

Community Mobilization

Development of CES systems in many communities can become a reality. To organize, implement, and continue a new system of services is no simple task. For a community to become involved in developing a CES system it must first have a deep concern for its children. This concern must be so strong that the agencies are willing to alter programs in order to better meet the needs of children. Once the community understands and accepts the concept of a CES system as a viable, effective program for children and their families that can have long range benefits, development and success can be achieved. To accomplish this, there must be persons willing to totally commit themselves to removing what might appear to be insurmountable obstacles.

Mobilizing a community is an essential part of the preparation for an emergency service program. The amount of work needed in this area will depend to a large extent upon the individual community. Questions communities must ask and answer are the following:

- How much does the community know about the problems related to the entire child welfare system, specifically about the child in crisis?
- How much community awareness is there of the plight of neglected, dependent, and abused children?
- Are lawmakers, judges, and other public officials aware of the present service delivery system, its problems and gaps in service?
- Is there public support for issues relating to the child welfare service delivery system or is the system so closely related to public assistance and the negative feelings it engenders that the true values are obliterated?
- Are child welfare services to remain so hidden that they will have to continue to operate on a survival level or can the system emerge as a vocal advocate for the children it serves?

A CES Committee

The answers to these questions will indicate the starting point for developing the necessary community support. Communities interested in exploring the possibilities of a CES system can begin by forming a committee to consider its development. This committee should include representatives of all agencies involved directly and indirectly with children in crisis and members of both local and state government. The committee can function not only to assess the community's need for a CES system, but can also serve as the motivating force to assist the community in restructuring its social service delivery system so that a CES system can be planned and coordinated.

Once the system is operational this committee can serve in an advisory capacity on an on-going basis. It should be alert to gaps or breakdowns in the system and respond immediately to resolve any problems that may occur, particularly between agencies. As an advisory committee, it can serve to keep the community informed about the system, be a spokesman for its successes, and lend support in obtaining necessary funding to keep the system functioning.

The importance of such a committee should not be overlooked. It can be the key to the co-ordination and cooperation between agencies as well as the development of the CES system.

IS YOUR COMMUNITY PARTICIPATING
IN THE NEGLECT AND ABUSE
OF CHILDREN?

—how much longer will it continue
to do so?

—how soon can you use your influence
to bring about change?

CES CAN BE A REALITY
you can make it happen

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